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CONFIRMATION NO. 6678

<b>SERIAL NUMBER</b> 10/824,815	<b>FILING OR 371(c) DATE</b> 04/15/2004 <b>RULE</b>	<b>CLASS</b> 604	<b>GROUP ART UNIT</b> 3767	<b>ATTORNEY DOCKET NO.</b> 46623-0300442
<b>APPLICANTS</b> Swee Cheau Chong, Hayward, CA; Yasushi Takigawa, Moraga, CA; <i>Two PS</i>				
<b>** CONTINUING DATA *****</b> <i>None PS</i>				
<b>** FOREIGN APPLICATIONS *****</b> <i>None PS</i>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> ** 06/26/2004				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <i>Phillip Arroyo</i> <i>PS</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 8	<b>TOTAL CLAIMS</b> 35 <b>INDEPENDENT CLAIMS</b> 3
<b>ADDRESS</b> 27496				
<b>TITLE</b> Safety arteriovenous fistula needle				
<b>FILING FEE RECEIVED</b> 1040	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	